## Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 **CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY** OR SMALL ENTITY (Column 1) (Column 2) TYPE **TOTAL CLAIMS** RATE FEE FEE RATE BASIC FEE 710.00 **BASIC FEE** 355.00 NUMBER EXTRA NUMBER FILED **FOR** TOTAL CHARGEABLE CLAIMS X\$18= // minus 20= X\$ 9= OR n8 INDEPENDENT CLAIMS C<sub>1</sub> minus 3 = X80= X40= OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 29R TOTAL OR **OTHER THAN CLAIMS AS AMENDED - PART II** SMALL ENTITY **SMALL ENTITY** OR (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT **TIONAL** TIONAL RATE RATE **PREVIOUSLY EXTRA AFTER** ENT FEE FEE PAID FOR **AMENDMENT** X\$18= 26 X\$ 9= IENDI 26 Minus Total OR Minus Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Column 1)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
	Total	. 26	Minus	26	= /			
MEN	Independent	. 9	Minus	9	= /			
₹	FIRST PRESE							

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	

8	5/04	(Column 1)	,	(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA					
	Total	· 12	Minus	26	= /					
É	Independent	· 2	Minus	9	=					
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									

ADDI-ADDI-TIONAL RATE TIONAL RATE FEE FEE X\$18= X\$ 9= OR X80= X40= OR +270= +135= OR TOTAL TOTAL OR ADDIT. FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

<sup>&</sup>quot;"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

				are eg		3 °C	7437						· ·
marija ni generis	cione assistant	N. COC. Services	A CONTRACTOR		A STATE OF THE STA		CHE CONTRACTOR		Strict		A COLUMN		
n,~~.	· · · · · · · · · · · · · · · · · · ·	~ ~		•	•	_		Applic	ation	0.1	Pocket N	lumber	
	Eff	ective Oct			MOATEC	CA	Đ 	09			928		
, ,	CLAIMS	AS FILED			oluma 21		SMALI TYPE	ENTIT		O.D.	ОТН	ER THAI	<u> </u>
OTAL CLAI	MS				7	RATI	E FI	FEE			T ENTIT		
DR .		NUMBE	BEILED NUMBER EXT		MBER EXTRA				.00		RATE		
TAL CHAR	GEABLE CLAIMS		minus 20= *				XS 9:		$\dashv$		BASIC F	-	00
DEPENDENT	CLAIM8		minus 3 =		1				OR	XS1.8=			
JLTIPLE DES	ENDENT CLAIM	_ <u>1</u>	1				X43=			OR	X86=		
						ļ	+145=		- 1	OR	+290=		
the differen	ice in column 1	is less than:	zero, enter	<b>"</b> 0" in	column 2		TOTAL	-	$\neg$	ן SRC	TOTAL		_
	CLAIMS AS		D - PART	. 11	•							R THAN	
	(Column 1)	<del></del>	(Colum		(Column 3)		SMALI	LENTIT	Υ C	R_	SMALL	ENTITY	
12/30/04	REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADD TION. FEE	AL		RATE	ADDI- TIONA	
Total	- 12	Minus	- 29		= /		X\$ 9=		٦.	1	X\$18=	FEE	$\dashv$
Independent	. 2	Minus	9	s	= /	ł	X43=.	-	$\dashv$	R	** "! * "	- 20 - 100 - 1111	
FIRST PRES	SENTATION OF A	NULTIPLE DE	PENDENT (	LAIM		-	X43=.	<del> </del>	0	R.	X86=	<u> </u>	_
						ļ	+145=		0	R	+290=		.
						_ _	TOTAL			ــا ده R	LATOT		-1
	(Column 1)		(Column	2)	(Column 3)		JU11. 1 CE	·		AL	DONT. FEE		7
	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		$\Gamma$	rate	ADDI- TIONAL	
Total		Minus	-		<u>.</u>	_	X\$ 9=		1_	上	V004.0	FEE_	1
ndependent	*	Minus	444		=	.}-			Of	Ľ	<b>C\$18=</b>		
TRST PRES	ENTATION OF M	JUTPLE DE	ENDENT C	AIM			X43=.	•	_]OF	Ł	X86=		
	-					-	<b>⊦145</b> =	. *	OR	1	290=		1
	•		_			ΑD	TOTAL DIT. FEE		OR	AD	TOTAL DIT. FEE	<del></del>	1
:	(Column 1)	T.	(Column		(Column 3)	•		-	<del>-</del>			-	7
•	CLAIMS REMAINING		HIGHEST NUMBER		PRESENT	Г	- 1	ADDI-	7	Г	<del></del>	ADDI-	l
	AFTER AMENDMENT		PREVIOUS PAID FOR		EXTRA	1	SATE	TIONAL		F	PATE	TIONAL	ľ
otal	<b>*</b>	Minus	•		=		<b>(\$ 9=</b>	FEE_				_FEE	<u> </u>
dependent	•	Minus	·		<u> </u>	-	<del></del>	· · · · · · · · · · · · · · · · · · ·	OR	Ľ	\$18=	•	
IRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT CL			2	43=		OR-	. X	386=		
		•				+	145=		OR'	42	290=		
e entry in colur	nn 1 is less than the nber Previously Pai	entry in colum	n 2, write "0" i	n colur	na 3.	<u> </u>	TOTAL		OR		TOTAL		